

**TOWN OF DRACUT, BOARD OF HEALTH, 11 Spring Park Ave, Dracut, MA 01826**

**FOR BOARD OF HEALTH USE ONLY**

Date Received

Date Inspected

Approved By

Permit # Issued

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\_\_\_\_\_

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**TOWN OF DRACUT**

**Food Establishment Permit Application**

(Application must be submitted at least 30 days before the planned opening date)

1) Establishment Name:													
2) Establishment Address:													
3) Establishment Mailing Address (if different):													
4) Establishment Telephone No.:	email(please include):												
5) Applicant Name & Title:													
6) Applicant Address:													
7) Applicant Telephone No.	24 Hour Emergency No.:												
8: Owner Name & Title (if different from applicant):													
9: Owner Address (if different from applicant):													
10) Establishment Owned by: <input type="checkbox"/> An Association <input type="checkbox"/> A Corporation <input type="checkbox"/> An Individual <input type="checkbox"/> A Partnership <input type="checkbox"/> Other legal entity _____	11) If a corporation or partnership, give name, title and home address of officers or partner. <table><tr><td><u>Name</u></td><td><u>Title</u></td><td><u>Home Address</u></td></tr><tr><td colspan="3">_____</td></tr><tr><td colspan="3">_____</td></tr><tr><td colspan="3">_____</td></tr></table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>	_____			_____			_____		
<u>Name</u>	<u>Title</u>	<u>Home Address</u>											
_____													
_____													
_____													
12) Persons Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)													
Name & Title:													
Address:													
Telephone No.	Fax: E-Mail:												
Emergency Telephone No.													
13) District or Regional Supervisor (if applicable)													
Name & Title													
Address:													
Telephone No.	Fax: E-Mail:												

**COMPLETE OTHER SIDE**

14) Water Source  DEP Public Water Supply No. (if applicable)		15) Sewage disposal:
16) Days and Hours of Operation		17) No. of Food Employees
18) Name of Person in Charge Certified in Food Protection Management: Required as of 10/1/2001 in accordance with 105 CMR 590.003 (A) Please attach copy of certificate		
19) Person Trained in Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No		
20) Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	22) Establishment Type (check all that apply) <input type="checkbox"/> Retail (      Sq. Ft.) <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Food Service – (      Seats) <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Food Service – Institution (      Meals/Day) <input type="checkbox"/> Frozen Dessert Manufacturer <input type="checkbox"/> Caterer <input type="checkbox"/> Tobacco <input type="checkbox"/> Food Delivery <input type="checkbox"/> Milk <input type="checkbox"/> Other Describe	
21) Length of Permit: (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: _____  <input type="checkbox"/> Temporary/Dates/Time: _____		
23) Food Operations: (check all that apply):	Definitions: PHF-potentially hazardous food (time/temperature/controls required) Non-PHF's-non-potentially hazardous food (no time/temperature controls required) RTE-ready-to-eat foods (Ex. Sandwiches,salads,muffins which need further processing.)	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHF's	<input type="checkbox"/> Preparation of PHF's for Hot and Cold Holding for Single Meal Service	<input type="checkbox"/> PHF and RTE Foods Prepared for Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Package PHF's	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer	<input type="checkbox"/> Vacuum Package/Cook Chill
<input type="checkbox"/> Reheating of Commercially Processed Foods for Service within 4 hours	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
<input type="checkbox"/> Customer Self-Service of Non-PHF and Non-Perishable Foods Only	<input type="checkbox"/> Iced Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin
<input type="checkbox"/> Preparation of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (Describe):	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities <input type="checkbox"/> Retail Sale of Salvage, Out of Date or Reconditioned Food	<u>To be completed by the Board of Health</u>  Total Permit Fee: _____  <b>Payment is due with application</b>

24) The applicant agrees to abide by all Federal and State Employment laws, including but not limited to, U.S. Code: Title 8 Subsection 1324 (a) -- Unlawful employment of aliens. He/she/it acknowledges that the failure to comply with the law will or could result in revocation, suspension or non-renewal of the license/permit or the payment of a surcharge on the license/permit.

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

25) \_\_\_\_\_  
Authorized signature licensee/permittee Date

26) \_\_\_\_\_  
Social Security or Federal ID

27) Signature of Individual or Corporate Name: \_\_\_\_\_